

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
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11	1					
12		1				
13		1				
14		1				
15		1				
16		5				
17	1					
18		1				
19		2				
20		2				
21	1					
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50						
TOTAL IND.			5			
TOTAL DEP.			17			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						